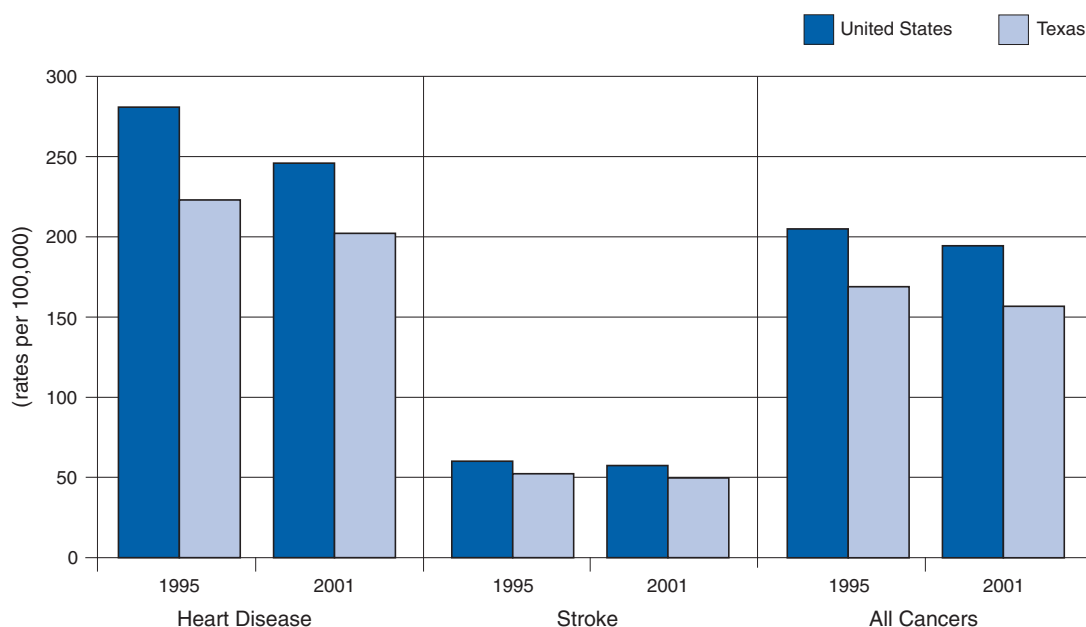


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Texas, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

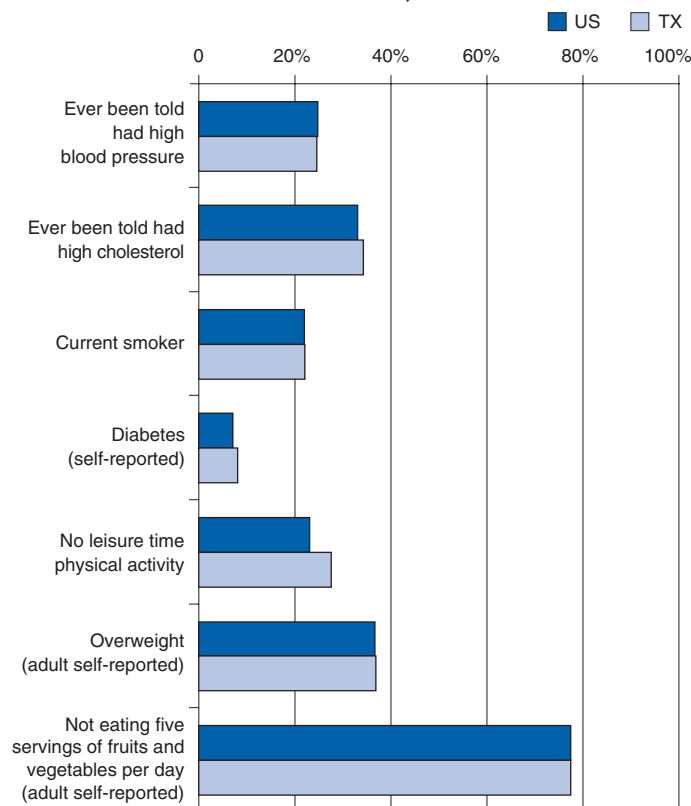
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Texas, accounting for 43,199 deaths or approximately 28% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 10,612 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 34,830 are expected in Texas. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 84,530 new cases that are likely to be diagnosed in Texas.

Estimated Cancer Deaths, 2004

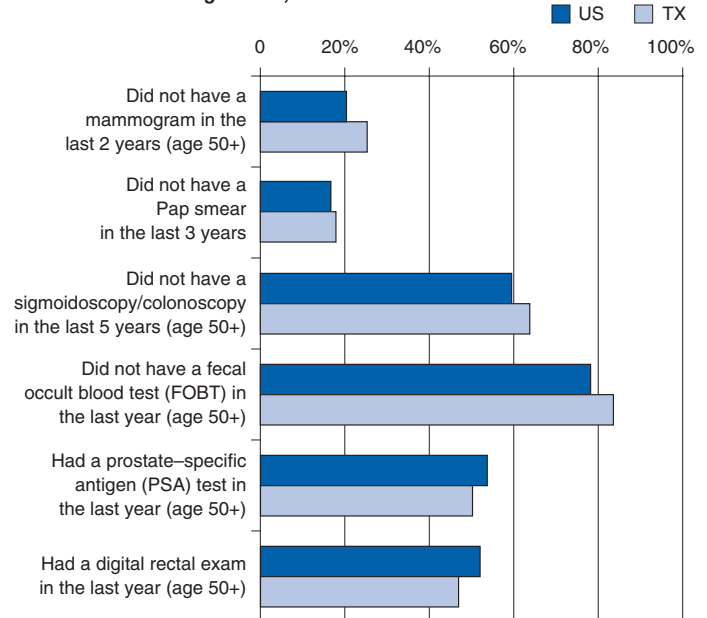
Cause of death	US	TX
All Cancers	563,700	34,830
Breast (female)	40,110	2,410
Colorectal	56,730	3,560
Lung and Bronchus	160,440	9,670
Prostate	29,900	1,760

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Texas' Chronic Disease Program Accomplishments

Examples of Texas' Prevention Successes

- Statistically significant decreases in cancer deaths among men and women across all races, from 284.2 per 100,000 in 1990 to 250.0 per 100,000 in 2000 for men and from 166.2 per 100,000 in 1990 to 162.1 per 100,000 in 2000 for women.
- A 14.9% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 40.2% in 1992 to 25.3% in 2002).
- A prevalence rate that was lower than the corresponding national rate for African American women older than age 18 who reported not having had a Pap smear in the last 3 years (10.1% in Texas versus 11.0% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Texas in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Texas, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Texas BRFSS</i>	\$158,523
National Program of Cancer Registries <i>Texas Cancer Registry</i>	\$2,372,058
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Texas Cardiovascular Quality Improvement Program</i>	\$326,820
Diabetes Control Program <i>Walk Texas!</i> <i>Coordinated Approach to Child Health (CATCH)</i>	\$1,364,132
National Breast and Cervical Cancer Early Detection Program <i>Breast and Cervical Cancer Control Program</i>	\$6,242,251
National Comprehensive Cancer Control Program <i>Texas Cancer Council</i> <i>Texas Cancer Plan: A Guide For Action</i>	\$300,000
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Texas Tobacco Prevention and Control Program</i>	\$952,908
State Nutrition and Physical Activity/Obesity Prevention Program <i>All Communities Exercise Day</i>	\$447,589
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>Latino Education Project, Inc.</i> <i>Migrant Health Promotion</i>	\$250,000
Total	\$12,414,281

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Texas that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD) has been the leading cause of death in Texas since 1940. In 2001, CVD claimed close to 54,000 lives, which accounts for 2 out of every 5 deaths in the state. According to Texas hospitalization data, in 2001, heart attack, congestive heart failure, and hardening of the heart arteries are among the 10 most frequent causes of hospitalization of people 45 years and older. The economic burden of cardiovascular disease is a major concern: 2 of the 10 most expensive conditions treated in Texas hospitals are heart-related, with charges averaging \$65,000.

Cardiovascular disease is the major cause of death among minority populations in Texas. The highest mortality rate is in the African American population. In 2002, the death rate for ischemic heart disease for African Americans was 353 per 100,000 population, compared with 254.7 per 100,000 for whites and 209.6 per 100,000 for Hispanics. Additionally, the 2002 death rate for stroke among African Americans was 90.4 per 100,000, compared to 61.9 per 100,000 for whites and 50.5 per 100,000 for Hispanics.

State initiatives to reduce the prevalence of CVD include the formation of the Texas Council on Cardiovascular Disease and Stroke, which has set goals to reduce CVD mortality by promoting healthy lifestyle choices.

Text adapted from Cardiovascular Disease in Texas: A State Plan with Disease Indicators and Strategies for Action (2000) and Texas Plan to Reduce Cardiovascular Disease and Stroke (2002).

Healthy Texans 2010 Goals: Reducing Cardiovascular Disease

Risk Factors for Cardiovascular Disease (18 years and older)	Baseline for Texas	Texas 2010 Target
Reduce the proportion of adults with high blood pressure	23.7%	16%
Reduce the proportion of adults with high blood cholesterol	30.8%	17%
Reduce the number of adults who smoke cigarettes	22.0%	12%
Reduce the proportion of adults who are physically inactive	27.8%	20%
Reduce the proportion of obese adults	25.3%	15%

Source: Healthy Texans 2010

Disparities in Health

Hispanics represent approximately 13% of the U.S. population. According to the 2000 Census, this population, which increased by more than 50% from 1990 to 2000, is the fastest growing ethnic group in the nation. Approximately half of the Hispanic population in the United States resides in Texas. The health status of Hispanics in Texas mirrors the health status trends for the Hispanic population throughout the United States.

Nationally, heart disease and cancer were the leading causes of death for Hispanics in 2001. During this period, cardiovascular disease accounted for 27.1% of all deaths among men and 32.6% of deaths among women within this population. According to the American Cancer Society, nationally, Hispanics experience lower rates of cancer incidence and death for all cancers combined. Diabetes prevalence is high within the Hispanic population. According to the American Diabetes Association, 2 million, or 8.2% of all Hispanics in the United States have diabetes, compared with the overall national figure, 7.2%.

In Texas, Hispanics have the lowest mortality rates for lung cancer and colorectal cancers, a higher incidence of cervical cancer, and a higher incidence of diabetes, compared with other racial and ethnic groups in the state.

Other Disparities

- **Physical Activity:** Compared with other racial and ethnic groups, Hispanics in Texas had the highest rate of physical inactivity (37.3%), compared with their African American (33.7%) and white (22.3%) counterparts. This number represents an increase of more than 10% from 2002 data.
- **Colorectal Cancer Screening:** In Texas, 69.9% of Hispanics have never had a sigmoidoscopy or colonoscopy, compared with 59.9% of African Americans and 50% of whites.
- **Breast Cancer Screening:** In 2001, Hispanic women in Texas were among the least likely to have had a mammogram in the last year (58.2%, compared with 61.8% of African Americans and 60.5% of whites).
- **Cervical Cancer Screening:** Hispanic women in 2001 were more likely than white women to have had a Pap test in the last 3 years (91.1% of Hispanic women, compared with 85.6% of white women).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42
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